

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4316313
Do not use this space.

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1. PLACE OF DEATH

County Jarvis
Township Swain
City Forsyth (No. _____)

Registration District No. 861
Primary Registration District No. 6132

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5 St. 1 Ward. Ray Columbus Chaney
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-21-1910</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>9</u>	DAYS <u>21</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 12, 1931</u>
	11. Total time (years) spent in this occupation <u>2 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) Louisy, Ark.
(STATE OR COUNTRY)

13. NAME C. D. Chaney

14. BIRTHPLACE (CITY OR TOWN) Osage, Ark.
(STATE OR COUNTRY)

15. MAIDEN NAME Eliza Parish

16. BIRTHPLACE (CITY OR TOWN) Louisy, Ark.
(STATE OR COUNTRY)

17. INFORMANT Robert D. Gideon
(ADDRESS) Forsyth, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forsyth, Mo. DATE Dec. 14, 1931

19. UNDERTAKER Howe & Co.
(ADDRESS)

20. FILED 7-9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12th, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. 1m alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Accidentally shot with shot gun while quail hinting. while climbing through feed co gun went off and entered left chest. No inquest.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) P. A. Thornhill Acting Co. M. D.
Coroner Branson, Mo.

Registrar

